RECEIVED CENTRAL FAX CENTER

NOV 09 2005



Medtronic

Facsimile Cover Sheet

P-8158.02

To: Examiner Oropeza

Company: U.S. Patent and Trademark Office

Phone:

Fax: 571 273 8300

From: Paul H. McDowall

Company: Medironic Phone: 763 514 3351 Fax: 763 505 2530

Date: November 9, 2005

Pages including this

cover page: 8

Comments:

RE: P-8158.02

Serial No. 10/085,072

Applicants: Bozidar Ferek-Petric

Filed: March 1, 2002

Title: ISCHEMIC HEART DISEASE DETECTION

Attached please find the following documents:

X Amendment X Transmittal

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT MOLLY CHLEBECK AT TELEPHONE (763) 514-3118 IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

PATENT

RECEIVED CENTRAL FAX CENTER

NOV 09 2005

DOCKET NO.: P8158.02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL

In re Application of: Bozidar Ferek-Petric

For: ISCHEMIC HEART DISEASE DETECTION

Serial No.: 10/085,072 Filed: March 1, 2002

> CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this Amendment and Transmittal and the paper(s), as described herein are being sent to telefacsimile No. (571) 273 8300, MAIL STOP AMENDMENT. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9th day of March 621, 2005.

> > Printed Name

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

X

Date

We are transmitting herewith the attached:

9/1/0 89

		Applicant requests amonth extension of time to respond to the dated, from to
		Please charge Deposit Account No. 13-2546 in the amount of \$ for extension of time fee and \$ for , for a TOTAL OF \$.00. The Commissioner is authorized to charge any deficiencies, and credit any overpayments, to Deposit Account No. 13-2546.
⊠		Applicant believes that no extension of time is required. However, if an extension of time is required please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time. The Commissioner is authorized to charge any deficiencies to Deposit Account No. 13-2546.
	a	

Telephone: (763) 514-3351 Customer No. 27581